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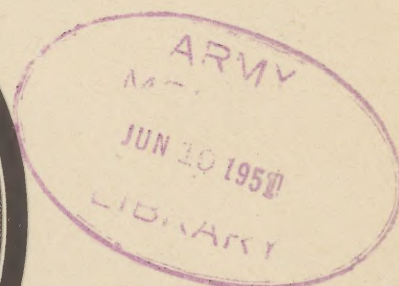
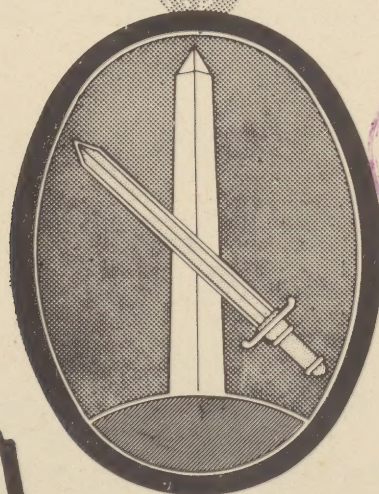
VOLUME 4

REPORT NO. 5

RESTRICTED

MONTHLY HEALTH REPORT

Military District of Washington



RESTRICTED

May 1951



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MAJOR GENERAL THOMAS W. HERREN
COMMANDING
MILITARY DISTRICT OF WASHINGTON
Room 1543, Building T-7, Gravelly Point
Washington 25, D. C.

CONTENTS



INTRODUCTION

This publication presents periodic health data concerning personnel of the Department of the Army in the Military District of Washington. It provides factual information for measurement of increase or decrease in the frequency of disease and injury occurring at each of the posts, camps or stations shown herein.

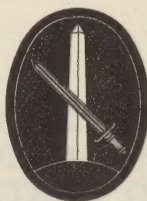
It is published monthly by the Military District of Washington for the purpose of conveying to personnel in the field current information on the health of the various military installations in this area and on matters of administrative and technical interest. Items published herein do not modify or rescind official directives, nor will they be used as a basis for requisitioning supplies or equipment.

Contributions, as well as suggested topics for discussion, are solicited from Army Medical Service personnel in the field.

ROBERT E. BITNER
Colonel, MC
Surgeon

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PROFESSIONAL SERVICES

LABORATORY SERVICE PROCESSING INDUCTEES

By

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In the past months this laboratory has processed, in addition to other functions, approximately one hundred (100) inductees each day. This has been accomplished in the afternoons when a team can be made of the available laboratory personnel. We have experienced as have other laboratories in this vicinity, a decrease in the laboratory working hours of military personnel who have been in the past, and are at the present time, the major part of the technical group. This is mostly due to the increased training program within their respective organizations which has taken priority over existing medical requirements. Accordingly, it has been necessary, due to the lack of trained technicians, to either streamline the working technique or increase the productive hours per technician spent in the laboratory to complete each day's routine. This problem has been further aggravated by the inconsistency of acquiring the daily routine work. If a schedule could always be adhered to, or a simplified routine developed for medical laboratory work, the situation would be somewhat relieved, but the emergency nature of today's laboratory work makes this a very difficult job. Specifically medical laboratory work must be done at the convenience of the US Army and Air Force Recruiting Service for the processing of pre-induction serology examinations. Here we have a situation wherein the laboratory must be flexible enough to cope with the problem by channeling into an activity of a routine nature. In so doing it is essential that the normal press of work (i.e., the medical care of authorized individuals) be expedited without interference by the aforementioned bulk of serology tests. It is with this problem in mind that we have worked out the following routine and method to further conserve laboratory man hours for this, as well as other laboratories throughout the country which will eventually acquire the additional workload.

As it has been stated, one hundred or more inductees are sent daily to the laboratory for blood serology. The laboratory personnel function as a unit in handling these men drawing the blood, preparing the serum for testing, and doing the actual serological test, completing the whole in approximately two hours. This includes the necessary clerical work of recording names, numbering slips, etc.

Several weeks later these same inductees become recruits of the various branches of the service. They will then be required to have a blood type for their identification tags. The whole procedure is again repeated, this time breaking training schedules, breaking up laboratory routine, etc., to bring this group of men to the laboratory once more. This waste can be eliminated very easily by using the following method:

When blood is drawn for serology, the blood typing is also completed on the remaining serum and cells. This in turn is recorded on the serology request slip along with the serological report.

1. Using "Wasserman Racks" with two rows of tubes, the whole blood is collected and placed in the front row of tubes only. 5 cc is sufficient, Centrifuge clotted blood.
2. A large plate glass is prepared for typing. Using a wax pencil, rule 3 columns of 1-inch squares.
3. Number 1, 2, 3, etc., in first column: letter "A" in the second column and "B" in the third column. (See diagram).

#	A	B	#	A	B	#	A	B
1			10			19		
2			11			20		
3			12			21		
4			13			22		
5			14			23		
6			15			24		
7			16			25		
8			17			26		
9			18			27		

PROFESSIONAL SERVICES

4. Place "A" and "B" grouping serums in their respective sections.
5. As the serum is lifted from the clotted blood, a portion of it is placed in the corresponding tube in the back row of the rack, an approximate 2% cell suspension is made in remaining serum by breaking the clot.
6. Place 2% cell suspension in corresponding number on plate.
7. Procedure 5 and 6 are made in one motion.
8. By the time the serum of a rack of blood has been withdrawn and placed in the inactivator for serological examination, the blood type is ready to be read and recorded.

CHARGES FOR SERVICES RENDERED TO COMMERCIAL INSURANCE COMPANIES AND OTHER CIVILIAN AGENCIES

The following questions have been raised by commanders of hospitals:

Is it proper to make charges against civilian insurance companies for services rendered in providing information from medical records of hospitals? This is customary at the request of military personnel who have health insurance policies or the next of kin concerning deceased personnel and other purposes.

What is the proper disposition of funds voluntarily forwarded to hospitals by commercial insurance companies in payment for information received from hospital medical records?

On the first question, the Judge Advocate General has advised that no legal basis exists for charging civilian agencies for information from official records of the Department of the Army. Furthermore, it has been the long standing policy of the Department of the Army to furnish information from the official records, where it is practicable to supply the data at all, without cost to the recipient. A modification of this policy to permit the collection of a fee from civilian agencies and organizations for such services rendered is not considered practicable for the following reasons:

In general, the information requested by the civilian agencies is applicable to, and in most cases beneficial to, the individual members or former members of the military service, who, in turn, by reason of their service, are entitled to such information without payment of a fee.

Such a change in policy would require statutory authority and would involve many problems in setting up uniform chargeable rates for furnishing the various types of information to the numerous requesting agencies and would result in an additional cost to the Department of the Army, in that a system of bookkeeping would have to be initiated and maintained for the purpose of handling the matter of bills and remittances.

Requesting agencies, faced with the increased cost of operation involved in such a policy, would tend to become less efficient in behalf of their customers who are service members or veterans. An alternative evil to this possible loss of efficient service might quite conceivably result in increased rates for the services rendered the individual.

Any general departure from the established policy of the Department of the Army of furnishing information pertaining to present servicemen and veterans to civilian agencies would obviously incur a tremendous amount of adverse publicity from these individuals, from Congressmen, from the general public, and from numerous veterans' organizations.

On the second question, the Chief of Finance advised that Revised Statute 3617 (with exceptions covered by Revised Statute 3618 which are not pertinent here) requires that the gross amount of all moneys received from whatever source for the use of the United States shall be paid into the Treasury at as early a date as possible without any abatement or deduction on account of any claim of any description whatever. Under this Section such money, whether a required charge is made for the services or not, is received for the use of the United States and not the hospital to which it is sent, or its patient fund, and should be deposited to Miscellaneous Receipts 215599. (The above is from SGO Circular #55, dtd 9 April 1951)

VETERINARY SERVICE

REPORT ON "Q" FEVER

Compiled by

Captain Larry E. McClaughry, V. C.

Assistant Veterinarian, Military District of Washington

Q fever was described as a new clinical entity by Derrick (1) in 1937. The original description was based on febrile illnesses observed among abattoir workers in Queensland, Australia (2) and for some years the disease was recognized only in that area. Since 1944, however, the disease has been identified in Mediterranean Europe and Africa, in France, Germany, Switzerland, Rumania and England; in the Western Hemisphere, Q fever has been reported from Panama and several parts of the United States. In 1946 there occurred two large outbreaks of Q fever among workers in meat-packing houses; one outbreak involving 55 persons, occurred in Amarillo, Texas, the other, involving 33 persons, occurred in Chicago. In May 1947, Q fever was identified in California in the Los Angeles area. This paper deals with some of the observations on Q fever in Southern California and in Northern California.

Q Fever Studies in Southern California

For the past two and a half years representatives of the United States Public Health Service, the California State Department of Public Health and health departments of the county and city of Los Angeles, assisted by many local physicians and veterinarians, have been investigating the occurrence of Q fever in Southern California. These studies began in 1947 following Young's discovery of Q fever among patients in Artesia (3), a dairy community located in Los Angeles County. Shepard and Huebner found that 15 of 17 patients with Q fever in this area lived close to dairies or visited them and that serums of many local dairy cows contained antibodies for the disease. (4) It is proposed here to summarize the results of the epizootiological and epidemiological studies and to discuss their influence on possible control measures. It should be pointed out that the Q fever problem as it exists in the Los Angeles area is not necessarily representative of some of the other areas in which Q fever is known to occur.

Epizootiological studies have been conducted in the endemic area for more than two years by a team of field investigators including entomologists and veterinarians. The direction of these investigations was determined by epidemiological findings; therefore, they were largely focused on Los Angeles dairy herds and dairy environs. However, these studies were extended, whenever indicated, to other areas and to other animal species. Intensive studies were conducted to determine the prevalence and manifestations of infection among dairy cattle as well as to obtain information concerning methods of spread. Considerable data have been accumulated; some have been published; some remain to be analyzed. Some of the more important observations which have a bearing on the chief purpose of this report are listed below. In addition to demonstrating *C. burnetti* in the pooled milk of a majority of 63 dairies tested, the following results were obtained:

1. Surveys demonstrated serum antibodies against Q fever in cows of 30 widely scattered dairies in Los Angeles and suggested that more than 10 per cent of all cows in the area were constantly infected. As in tests of human serums, a standardized, comparatively insensitive complement fixation technique was used. When evaluated in terms of demonstrable infection in the milk of cows this test was found to be a highly specific indication of the presence or absence of concurrent infections with *C. burnetti*.

2. Clinical illnesses attributable to Q fever infection was not apparent among naturally infected dairy cattle, and infection appeared to have little or no effect on milk production.

3. Observations which were continued for 20 months among several of the large dairy herds revealed a tendency for the prevalence of infection to increase in most of them. The chart shows the rates obtained in one herd at various intervals during 21 months. Except for one dairy, where the prevalence dropped slightly over the same period, the curve shown in the chart appeared to be representative of most similar herds. Studies of individual cows showed that many of them retained

1 Derrick, E.H.: "Q" Fever, A New Fever Entity M.N. Australia 2:281 (Aug 21) 1937.

2 Q Fever is still referred to in the literature as Queensland fever, the "Q" stands for "query", in reference to the many unanswered problems posed by this disease.

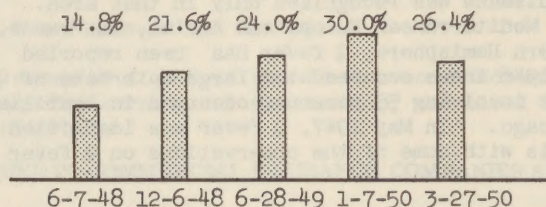
3 Young, F.W.: Q Fever in Artesia, California. California Med. 69: 89-90, 1948.

4 Shepard, C.C., and Huebner, R.J., Am. Journal Public Health 38: 781-788, 1948.

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infection throughout the entire period of observation.

4. Two separate studies of the prevalence of infection among uninfected cows imported into three representative dairies in two different years (1948 and 1949) showed that some became infected within several weeks, many in two to three months and more than 40 per cent within six months after arrival. No appreciable differences in prevalence were noted in the three herds included in the two studies.



Infection among milk cows of a representative Los Angeles dairy herd (400 to 500 cows) as indicated by the per cent of positive complement. Fixation tests of serums taken at intervals.

5. Infection among Los Angeles dairy bulls appeared to be almost nonexistent, as indicated by tests of serum in the complement fixation test.

6. Preliminary studies of pasteurization procedures and of commercially pasteurized milk indicated that viable *C. burnetti* were greatly reduced in number but were not completely eliminated from all pasteurized milk specimens. Laboratory studies of the resistance of *C. burnetti* to heat showed that temperatures in excess of 145°F. were required to inactivate all organisms when suspended in milk placed in sealed vials and submerged in water baths for 30 to 40 minutes (1).

7. Parturient placentas of infected cows were shown to contain as many as 100,000,000 infectious doses for guinea pigs per gram of tissue. Since infection and parturition are frequent occurrences among Los Angeles dairy cows, it is obvious that tremendous numbers of organisms are deposited from this source on the hides of calves and on the ground of open corrals where, in the warm dry climate desiccation quickly occurs. Contamination of calves and environment is also produced by raw milk of infected cows. However, the infectiousness of raw milk for guinea pigs has not been shown to exceed 10,000 infectious doses per milliliter, and usually only 100 to 1,000 such doses can be demonstrated.

8. The tissues of *Otobius megnini*, the spinose ear tick taken from dairy cows, were shown to contain *C. burnetti*. This tick is not known to attack man, and its possible role in the spread of Q fever among cattle is undetermined. Numerous other arthropods were tested from time to time and all were negative except for one pool of ticks (*Dermacentor occidentalis*) collected in scrub lands outside the dairy area (2).

9. Pilot studies of the prophylactic value of a vaccine (killed *C. burnetti*) that was administered to uninfected cows at the time of their introduction into each of three herds showed that subsequent infections among the vaccinated cows of each herd were less than one third as frequent as among comparable controls (3).

10. Sheep and goats (4) were investigated whenever epidemiological studies of cases indicated that association with these species occurred. A strain of Q fever was isolated from the lacrimal secretions of several sheep. Repeated attempts, at various intervals between 1947 and 1949, to

1 Ransom, S., and Huebner, R.J.: Thermal and Chemical Resistance to *C. Burnetti*, read before the Annual Meeting, Society of American Bacteriologists, Baltimore, May 14-18, 1950.

2 Occurrence of *C. Burnetti* in the Spinose Ear Tick, 63: 1483-1489, 1948.

3 Luoto, L.; Winn, J.F., and Huebner, R.J.: Q Fever Studies in Southern California: Vaccination of Dairy Cattle Against Q Fever.

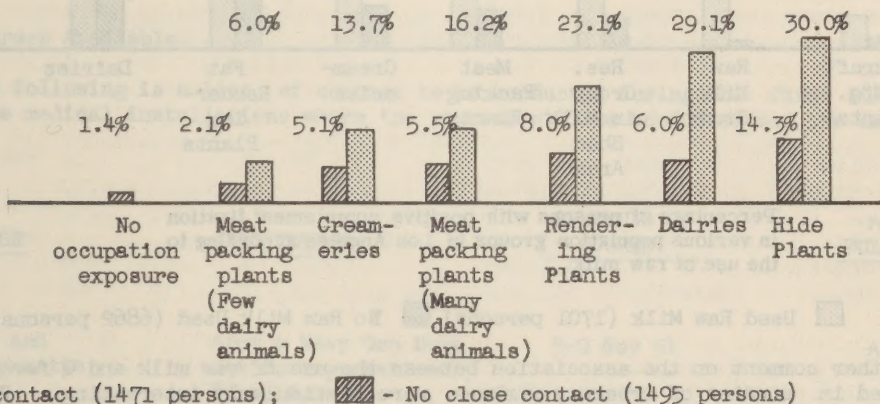
4 Lennette, E.H.; Clark, W.H. and Dean, B.H.: Sheep and Goats in the Epidemiology of Q Fever in Northern California, Am. Journal Trop. Med. 29: 527-541, 1949.

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demonstrate *C. burnetti* in the pooled milk of goat dairies in the Los Angeles area resulted in one equivocal isolation of the organism.

Epidemiological Studies. Clinical manifestations resembled those observed in previous studies. The illnesses were most commonly characterized by high fever, malaise, weakness, headache, a pneumonitis demonstrable by roentgenogram and considerable variation in severity and duration. Mild, moderately severe and serious illnesses occurred simultaneously in several small outbreaks, each presumably having a common source of infection. A separate report (1) of 80 hospitalized cases presents a detailed account of the more severe illnesses. Three deaths due to Q fever were encountered in 1948 during the case study period.

A study of 300 cases showed that males from 20 to 59 years of age were predominately infected, but cases also occurred in many females and in persons of other ages, ranging from 3 to 75 years. Cases occurred during all seasons of the year. Forty-five per cent of the patients lived within one quarter mile of a dairy, 38 per cent has occupation in livestock industries and 32 per cent used raw milk in their households. The specific epidemiological studies embraced nearly ten thousand persons in industrial and residential groups preselected to represent certain degrees of contact with livestock and their raw products, particularly milk. Epidemiological histories and blood samples from complement fixation tests were obtained on each person. The accompanying table shows the proportions of positive reactions obtained among 12 different population groups. The highest rates of positive reactions occurred in persons having the most intimate contact with dairy cows, their raw products and other livestock; the lowest rates were observed among groups having little or no contact with such materials. Since available evidence indicates that the positive reactions represented Q fever infections occurring within the recent past, and since positive reactions did not correlate with any of the many other attributes studies (such as associations with other animals), these observations support the belief that dairy cows represent the most important sources of human infection with Q fever in the Los Angeles area. Practically all natural epidemics of Q fever have occurred among persons having occupational or military activities involving livestock, their products or environment. Thus infected livestock appears to be the source of most human infection and only rarely is the human patient or a tick bite the source of human disease. Specific studies of serum antibodies among seven separate occupation groups showed that persons employed in livestock and dairy industries had a higher proportion of positive reactions than those who were not so employed.

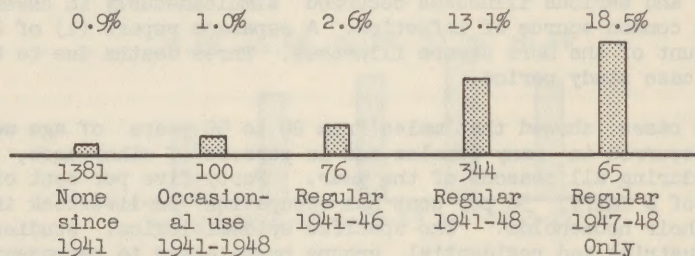


Effect of occupation: Percentage of employees with positive complement fixation according to intensity of exposure to cattle and their products.

Early epidemiological studies of cases of Q fever in Los Angeles were compatible with those described in other areas where cattle were implicated as sources of infection (Australia, Texas, Switzerland). Except for unrelated sporadic cases in persons using raw milk, but not otherwise exposed to known reservoirs of infection, there was little evidence at first to suggest that raw milk was an important source of infection. However, when *C. burnetti* was found in the pooled raw milk of dairies in the Los Angeles area, the importance of this source was established. (1) Denlinger, R.B.: A Study of 80 Hospitalized Cases, Ann. Int. Med. 30: 510-527, 1949.

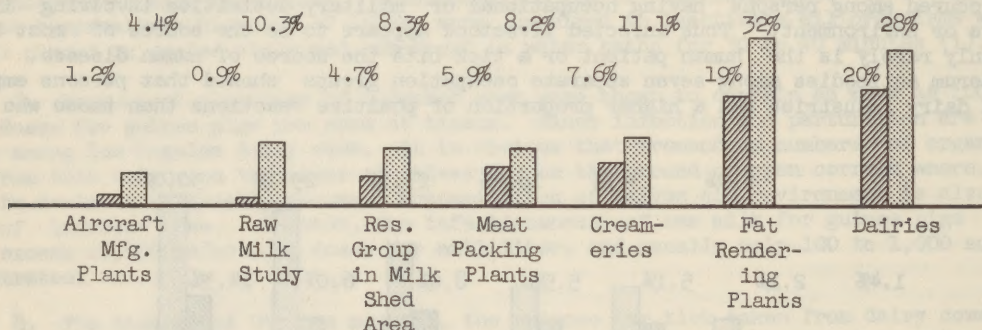
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raw milk of the majority of 60 dairies in the area, and when 32 per cent of 300 patients were found to have used raw milk in their households, the whole matter had to be reviewed in a different light. Consequently, a specific study was undertaken among the users of raw milk, living in households several miles from the dairy area. This study was carefully controlled by concomitant investigations of four times as many persons living in adjacent households, almost all of whom did not use raw milk. The survey included almost 2,000 persons, and the results are summarized in the following chart:



Effect of raw milk: Percentage of persons with positive complement fixation according to period and regularity of use of raw milk in Los Angeles (1948).

It was quite clearly shown that regular and recent use of raw milk greatly influenced the prevalence of serologic evidence of prior infection. Additional data concerning the influence of raw milk on human infection were obtained in studies among 895 persons living in four residential areas in the Los Angeles milkshed. (See following chart) These studies once again suggested that household use of raw milk influenced the prevalence of positive reactions.



Percentage of persons with positive complement fixation in various population groups in Los Angeles according to the use of raw milk.

Used Raw Milk (1701 persons)
 No Raw Milk Used (6862 persons)

As a further comment on the association between the use of raw milk and Q fever infection, the results obtained in studies of creamery workers were particularly interesting. First of all, during the case study illnesses due to Q fever were observed in a number of creamery workers. In the occupational group studies practically none of the 730 creamery workers had exposure to livestock, but these workers were constantly exposed to large amounts of infected milk. It was interesting that evidence of infection in this group exceeded by seven times that of the general population, an observation which remained significant when adjusted for the personal use of raw milk in their households. Furthermore, persons with intense occupational contact with raw milk in the creamery accounted for almost three times as many positive reactions as did persons with less intense contact. These observations constitute additional evidence that raw milk can produce Q fever infections, it also suggests that the ingestion of raw milk is not necessary to account for such infections.

(To be continued)

POSTGRADUATE COURSES

MILITARY PERSONNEL

Postgraduate Short Courses for Medical Corps Officers at Military Installations.

Reference.

AR 350-1010, as changed.

General.

During Fiscal Year 1952 the Army Medical Service will conduct a series of Postgraduate Courses of short duration at certain teaching hospitals, medical centers and other medical installations. This program is established in accordance with paragraph 1b of Army Regulation 350-1010, as changed, dated 7 June 1948, and the Career Plan for Officers of the Medical Corps. The continuance of professional education throughout the military career of all Medical Corps officers of the Army Medical Service is essential to the maintenance of the highest type of professional care. This in-service training program is established to afford Medical officers and civilian physicians and surgeons the opportunity to receive the excellent training available in Army installations.

Purposes of Program.

The purpose of the Postgraduate Courses is as follows:

To assure the maintenance of the highest level of health among Army personnel and to provide efficient care of the sick and wounded in accordance with the highest principles of medical care.

To provide Medical officers in outlying installations an opportunity to keep abreast of recent medical advances and to outline recent advances in military medicine.

To provide for continued development and improvement of methods and facilities for professional education and training within the Army Medical Service.

To develop qualified teachers and instructors in all phases of professional education and training within the Army Medical Service.

Courses Available.

The following is a list of courses to be conducted during the first six months of Fiscal Year 1952, the medical installations where the courses will be conducted and the dates scheduled for the courses:

<u>TITLE OF COURSE</u>	<u>INSTITUTION</u>	<u>SCHEDULE OF COURSE</u>	<u>ATTENDANCE ALLOWED FROM THE FOLLOWING ARMY AREAS</u>
<u>ARTHRITIS</u>			
1. Arthritis and Allied Rheumatic Disease	Army & Navy Gen Hosp Hot Springs National Park, Arkansas	5-9 Nov 51	All Army Areas
<u>INTERNAL MEDICINE</u>			
2. Recent Advances in Internal Medicine	Letterman Army Hosp. San Francisco, Calif.	5-9 Nov 51	4th, 5th, and 6th
3. Present Trends in Internal Medicine	Walter Reed Army Hosp., Army Medical Center Washington 12, D. C.	8-12 Oct 51	1st, 2nd and 3rd

POSTGRADUATE COURSES

<u>TITLE OF COURSE</u>	<u>INSTITUTION</u>	<u>SCHEDULE OF COURSE</u>	<u>ATTENDANCE ALLOWED FROM THE FOLLOWING ARMY AREAS</u>
<u>NEUROLOGY & PSYCHIATRY</u>			
4. Psychotherapeutic Medicine	Fitzsimons Army Hosp. Denver, Colorado	27 Aug - 8 Sep 51	3rd and 5th
5. Psychotherapeutic Medicine	Letterman Army Hosp. San Francisco, Calif.	27 Aug - 8 Sep 51	4th and 6th
6. Psychotherapeutic Medicine	Walter Reed Army Hosp. Army Medical Center Washington 12, D. C.	3-15-Sep 51	1st and 2nd
<u>PATHOLOGY</u>			
7. Ionizing Radiation Injury	Armed Forces Institute of Pathology, 7th St., & Independence Ave., S.W. Washington 25, D. C.	3-7 Sep 51	All Army Areas
8. Thermal and Chemical Injuries	Armed Forces Institute of Pathology, 7th St. & Independence Ave., S.W. Washington 25, D. C.	24-28 Sep 51	All Army Areas
9. Pathology of Diseases Peculiar to Aviation and Submarine Medicine	Armed Forces Institute of Pathology, 7th St., & Independence Ave., S.W. Washington 25, D. C.	22-26 Oct 51	All Army Areas
10. Medical Legal Aspects of Military Medicine	Armed Forces Institute of Pathology, 7th St. & Independence Ave., S.W. Washington 25, D. C.	3-7 Dec 51	All Army Areas
<u>PHYSICAL MEDICINE</u>			
11. Physical Medicine and Rehabilitation	Letterman Army Hosp. San Francisco, Calif.	12-15 Nov 51	4th, 5th and 6th
12. Physical Medicine in Conjunction with General Surgery	Walter Reed Army Hosp. Army Medical Center Washington 12, D. C.	8 Dec 51	1st, 2nd and 3rd
<u>PUBLIC HEALTH</u>			
13. Preventive Medicine	Army Medical Service Graduate School, Army Medical Center Washington 12, D. C.	To be announced	All Army Areas
<u>PULMONARY DISEASES</u>			
14. Pulmonary Diseases	Fitzsimons Army Hosp. Denver, Colorado	24-28 Sep 51	All Army Areas

POSTGRADUATE COURSES

<u>TITLE OF COURSE</u>	<u>INSTITUTION</u>	<u>SCHEDULE OF COURSE</u>	<u>ATTENDANCE ALLOWED FROM THE FOLLOWING ARMY AREAS</u>
<u>RADIOLOGY</u>			
15. Postgraduate Radiology	Walter Reed Army Hosp. Army Medical Center Washington 12, D. C.	10-11 Sept 51	All Army Areas
<u>SURGERY</u>			
16. General Surgery	Brooke Army Hosp. Brooke Army Medical Center Fort Sam Houston, Texas	1-5 Oct 51	4th, 5th and 6th
17. General Surgery	Walter Reed Army Hosp. Army Medical Center Washington 12, D. C.	3-7 Dec 51	1st, 2nd and 3rd

Eligibility Requirements.

Courses 1, 2, 3, 11, 12, 13, 14, 15, 16, and 17 are available to the following personnel:

Regular, Reserve and National Guard Medical officers on active duty with the Armed Forces. Expenses incident to travel and TDY of Army personnel will be borne by the Office of The Surgeon General, Dept- of the Army.

Reserve and National Guard Medical officers not on active duty with the Armed Forces and at no expense to the government.

Civilian physicians and surgeons from other Federal Agencies.

Civilian physicians and surgeons, at no expense to the government.

Courses 4, 5 and 6 are available to the following personnel:

These courses are limited to Regular, Reserve and National Guard Army and Air Force Medical officers on active duty, who are non-psychiatrists. Only twenty-five (25) spaces will be available at each hospital. These courses will be sponsored by the office of The Surgeon General, assisted by civilian consultants and expenses incident to travel and TDY of Army personnel will be borne by the Office of The Surgeon General, Department of the Army.

Courses 7, 8, 9 and 10 are limited to Regular, Reserve and National Guard Medical Officers on active duty with either the Army, Navy or Air Force. This course is limited to eight (8) spaces in each class. Civilians may attend on a space available basis, at no expense to the government. Expenses incident to travel and TDY of Army personnel will be borne by the Office of The Surgeon General, Department of the Army.

Medical officers, who are enrolled in the residency training program, may attend courses only at a hospital where they are being trained. No resident will be allowed to attend a course at another station.

Application Procedure.

General. Applications for the courses listed in Par. 4 will be submitted through channels, as follows:

POSTGRADUATE COURSES

Army Medical Officers on Active Duty. Applications from Army medical officers on active duty only, will be forwarded to this office, Attention: Personnel Division, Career Management Branch.

Army Medical Officers Not on Active Duty and Civilian Physicians. Applications from Army medical officers not on active duty and civilian physicians authorized to attend, will be forwarded through channels to the Commander of the installation offering the course. Applications will be approved on a space available basis.

Forwarding Instructions. Applications will be forwarded so as to reach the addressees listed above, not later than one (1) month prior to the date scheduled for the opening of the course. Applications will include the following:

Name, rank, and service number of the applicant, or its equivalent for civilian physicians.

Organization and station or its equivalent for civilian physicians.

Title of course.

Name and address of the installation conducting or sponsoring the course, for which the applicant is applying.

Beginning and ending dates of the course.

Forwarding Indorsements - Forwarding Indorsements by immediate Commanding Officer will indicate the applicant's ability and will give a carefully considered estimate of the applicant's aptitudes, initiative and potentialities for the type of training requested.

Selection and Enrollment.

Selection - Enrollees for postgraduate courses will be selected by the Professional Education Committee, Office of The Surgeon General. Selections will be made only from those best qualified for advanced study.

Enrollment - Registration and enrollment of individuals selected for training will be arranged by the Office of The Surgeon General, Department of the Army.

Orders.

The Office of The Surgeon General will be responsible for issuing orders on all personnel in Class II installations.

General Information

Quarters - A limited number of government quarters are available for students only, at most installations. No government quarters are available for students attending courses at the Armed Forces Institute of Pathology.

Authority is given to reproduce this announcement locally. It is requested that extensive announcement be made to all interested individuals and agencies.

Direct Correspondence

Military commanders are authorized to communicate directly with the sponsoring installation concerning matters relating to the content and scope of the course.

(The above is from SGO Circular 64, 25 April 1951)

PRE - MARITAL EXAMINATIONS

PRE-MARITAL EXAMINATIONS IN MARYLAND, DISTRICT OF COLUMBIA, AND VIRGINIA

Maryland: A review of the authorities fails to reveal any requirement or statute regarding pre-marital examinations for detection of venereal disease in this state.

District of Columbia: A review of the authorities reveals no requirement for pre-marital medical examinations of any kind in the District.

Virginia: There are existing statutes in this state dealing with pre-marital medical examination requirements.

- (1) Each of the two persons contemplating marriage must submit to a standard serological test to determine the presence of syphilis, evidenced by a statement signed by a physician to the effect that the test was made and that the results of the test have been forwarded, by the physician, to the State Department of Public Health, which statement shall be filed with the clerk of the court issuing the marriage license by or on behalf of each person for whom the license is desired.
- (2) If no evidence of syphilis is indicated, the physician who caused the test to be made shall sign the statement as per (1). If the test indicates syphilis, it shall be repeated, a physical examination and medical history completed, and the statement signed by the physician who made or caused to be made the tests, examinations and history, or by a physician to whom a report of such tests, etc., has been made.
- (3) The physician shall indicate to the State Department of Public Health, when the results of tests indicating a presence of syphilis are forwarded, that the fact thereof and consequences of transmittal have been communicated to both parties seeking the license.
- (4) If the tests indicate a presence of syphilis and the parties marry and remain in, reside in, or return to this state, both the infected party and spouse are deemed to agree to treatment and precautions against spreading the disease as prescribed by the State Health Commissioner as long as indication of syphilis remains, and a failure to comply is a misdemeanor.
- (5) The serological tests shall be made by the State Department of Health or a laboratory approved for that purpose by the State Health Commissioner. The tests used are those approved by the Commissioner and the State Department of Health can make no charge therefor.
- (6) Anyone unable to afford a private physician may obtain the required statement from any venereal disease clinic physician, county, city or town health officer who is also a registered physician. When so made, no charge may be made therefor.
- (7) The serological test and physician's statement must be made not more than thirty days before the issuance of the marriage license.
- (8) No court clerk may refuse to issue a marriage license to any person because of any indication of syphilis disclosed by any test, report, etc., to such clerk pursuant to provisions of the applicable sections of the Virginia Code on this subject.

Further investigation of the requirements under Virginia law and custom, indicates there is only one form used in connection with this subject, namely, Form VD-32, Part 1-2, which may be obtained from any physician in the state, most hospitals, and any local Public Health Department or Laboratory. One copy of the form is sent by the examining physician to the State Department of Public Health and the other is retained by the individual as part of his or her application for a marriage license. The Kahn and Eagle serological tests appear to be those acceptable to the State Health Commissioner under current practice.

(Prepared by Office of Staff Judge Advocate, Headquarters Military District of Washington)

PROFESSIONAL SERVICES

RELATIONSHIPS OF NEUROPSYCHIATRY TO GENERAL MEDICINE AND SURGERY IN THE ARMY

BY

BRIGADIER GENERAL WILLIAM C. MENNINGER, MC, U.S. ARMY

In some degree, the necessity to know and utilize psychiatric principles confronts every medical officer in the Army. Probably more truly than in civilian life, every medical officer is faced with personality deviations expressed. Some of our best preventive psychiatry is being carried out by general medical officers in the dispensary, in the consultation services, in the out-patient clinics, on the landing field and in the division clearing stations.

Types of Clinical Responses Observed In the Hospitals

All illnesses can roughly be divided into five groups, depending on the relative importance of the psychiatric factors.

1. The organic conditions in which the emotional difficulties are a minor factor in the cause but may be a major factor in the recovery, including the acute infections, the operative and traumatic cases. So long as we have a system where a man is only taken out of combat duty because of ill health, it is not difficult to understand that in a certain number of individuals, a non-fatal wound may bring with it a sense of relief.

2. The borderline physical conditions, such as gastric ulcers, allergic responses, hypertension and other conditions in which the emotions play a major role in the etiology.

3. Bodily complaints directly related to emotional distress as exemplified by gastro-intestinal, cardio-vascular and orthopedic complaints. Too many physicians fail to recognize that the soma, i.e., the organs and the tissues act as a set of mirrors to reflect the personality.

4. The borderline psychiatric pictures, namely the so-called psychopath. Every physician is confronted with patients from these categories.

5. The frank psychiatric problems of anxiety, conversion symptoms, obsessions and the frank psychosis.

Attitudes of Physicians

A good many of us graduate from medical school with no conception as to how to evaluate the emotional factors in disease. Too many physicians develop an attitude of irritation and annoyance which even reaches a vindictiveness towards the patient never manifested by that same medical officer in civilian life. The physician's attitude will vary still further, depending on his personal experience or contact with psychiatry. As intimated above, our medical education for most of us left us in a confused state, perhaps with a vivid memory of some sideshows at a state hospital one afternoon a week in our senior year. For too many men, that is still their concept of psychiatry. They give merely lip service to the thesis that we should "treat the patient, not his disease" or that we should "treat the patient as a whole."

Errors to be Observed and Avoided

Regardless of his training or specialty, every medical officer is confronted with a considerable number of psychiatric problems. On the basis of rather extensive experience in Army hospitals, it may be helpful to point out certain errors observed:

1. There is the failure to adequately or correctly assess the relative importance of the psychological along with the physical factors in disease.

2. Failure to take an adequate history. We must of necessity know something of the home situation, of the anxieties and fears, the doubts and the disappointments.

3. Failure to establish rapport with a patient.

PROFESSIONAL SERVICES

4. Failure to recognize the importance of the particular emotional factors in Army patients.

5. Over-examination. Many patients with functional complaints are given excessive laboratory and x-ray examinations. The end result for the patient may be the belief that he has a serious and mysterious problem that baffles the physicians or he may think that the physician is entirely fooled.

6. Over-hospitalization. When a patient appears with a difficult diagnostic problem, as so many functional illnesses may turn out to be in inexperienced hands, the patient is kept in the hospital far too long. Too often an over-emphasis is placed on a particular finding, a slightly lowered blood pressure, cardiac irregularity, a trace of albumin in the urine. By and large, the psychoneurotic patient should be hospitalized a minimal length of time, if it is necessary at all, and given a clear understanding that the physical condition justified no concern.

7. Over-emphasis on treatment of physical nature. Too often a patient is placed on a diet as if it had some magic quality or special attention is directed to his bowel movements or to a back-brace.

8. Mistaking organic for functional illness. One cannot safely assume the nature of a problem by superficial appearance and again the appeal must be made that every case should be studied from three angles, the psychological, the chemical and the physical.

9. The diagnosis. Every physician should recognize, particularly in psychiatric problems and in all functional illnesses, that the labelling of a patient with a diagnosis which is unjustified is often the first step towards making that patient a permanent invalid.

(The above article is extracted from The Military Surgeon, February 1945)

MISCELLANEOUS

MAN--THE MOST IMPORTANT WEAPON

A fact that bears constant reiteration is that man has always been the most important ingredient of armies. In the Army, unlike the Navy and Air Force, the basic element is not a ship nor a plane but the individual soldier. And new weapons only serve to increase his importance.

We have in the Army today the best men we have ever had. Many are veterans with distinguished records in combat. Many are skillful technicians in a wide variety of fields--radar specialists, engineers, medical men and many others.

Just as we realize we must achieve maximum effectiveness from our equipment dollar we also realize we must achieve maximum effectiveness from manpower resources. We can do this only by the use of men of superior quality who can assimilate the training we give them. Weapons such as those I have described and those which may reasonably be expected in the foreseeable future impose unprecedented requirements upon the Army for men with technical and scientific knowledge.

But the Army today needs more than men with technical skill--it also requires men with the highest qualities of leadership and courage. The fighting in Korea has been a signal illustration of this fact. The American troops who held the Pusan bridgehead were at times outnumbered by as many as 30 to 1 but courage and determination that sprang from confidence in their weapons, their leaders, their comrades--and most important, confidence in our Nation--gave each of our soldiers an effectiveness all out of proportion to this relative strength.

Our victory in the Pusan bridgehead hung by such a small thread upon the courage and determination of a small band of men that we must never place dependence upon such a small margin of safety again. Only by insuring that we and our friends have in constant readiness trained and determined men, modern weapons and skilled and courageous leadership--supported by adequate tactical aviation and with supply lines guarded by navies--can we command sufficient respect from the evil forces in the world to prevent another dreadful world war. Only then can we be sure of victory if these evil forces thrust one upon us.

(The above is an article from Army Information Digest, January 1951)

MISCELLANEOUS

SUPPORT OF LEGAL DEPENDENTS

Upon entry into military service an individual assumes the obligation to conduct himself so as not to bring discredit on the service. The fact that a man is in the Army and often beyond the jurisdiction of a competent civil court should not be used as a device to enable him to avoid his obligations with the result that his legal dependents are not adequately supported or become the object of relief or charity.

A member of the Army is expected to make reasonable provision for the regular support and maintenance of his legal dependents, and to comport himself in a manner consistent with Army standards of conduct. A court order or decree which fixes specific obligations relating to the support of dependents is regarded as prima facie the measure of the support obligations, and the member is expected to comply to the best of his ability with the stipulations set forth therein until relieved of this responsibility by a court of competent jurisdiction, or by satisfaction through operation of law.

The adjustment of matters of this nature is primarily the function of the appropriate commanding officer and/or the officer exercising court-martial jurisdiction. The extent of voluntary support which a member of the Army is expected to contribute to satisfy the Army standard of conduct is dependent principally upon the amount of his income, the reasonable monetary requirements of each party, and the peculiar facts of each case.

The obligation of divorced parents toward minor children, unless specifically provided otherwise by decree, is a joint and equal responsibility. Remarriage of either or both parents in no way alters that obligation.

Although military authorities are without legal power to compel a member of the Army to provide support for dependents or to comply with the support provisions of an order or decree of a civil court, disciplinary action against a member who willfully and without good cause refuses to provide support for his legal dependents is possible under the provisions of appropriate Articles of War.

(The above article is from SGO Circular 57, 1950)

ARMY EXPANDS HOSPITAL SOCIAL SERVICE WORK

Preparations are now under way to expand the Army's social service work in its hospitals, formerly confined to work with neuropsychiatric patients, to medical and surgical patients as well, according to an announcement by the Department of the Army.

Professionally trained social case workers will be employed in the Army program, both as officers and as civil service employees, the Surgeon General explained. Hospital commanders have been requested to encourage applications from qualified professional workers for Reserve commissions as well as civil service appointments.

Two recent changes have been made in the regulations governing commissions in the Medical Service Corps, of which the social workers are a part. One permits the appointment of professionally qualified women on the same basis as men. The other makes possible the commissioning in the grade of second lieutenant of men and women who have had no professional experience subsequent to receipt of their master's degree. Heretofore social workers could not be commissioned in a lower grade than first lieutenant, for which one year of professional work subsequent to the degree is required.

Lieutenant Colonel Elwood W. Camp, MSC, chief of the Social Service Branch, Psychiatry and Neurology Consultants Division, Surgeon General's Office, has been designated to head the expanded service

(The above article is from D/A, SGO, Technical Information Office, Wash 25, D.C.)

A strong, healthy working population is as essential as a strong fighting force.

--Dr. Leonard A. Scheele

PREVENTIVE MEDICINE

RESTRICTED

GENERAL COMMENT

The health of the command continued to be excellent.

Unless otherwise indicated, reference to disease and injuries in this publication applies to all Class I and Class II installations exclusive of Walter Reed Army Hospital. Rates are calculated on the basis of a thousand mean strength per year. Statistics presently reported by Army Medical Service installations do not include Air Force personnel. (See General Data and Admissions Tables on page 16).

The non-effective rate* decreased from the March rate of 15.90 to 15.39 for the month of April. Days lost as a result of disease and injury totaled 11,922 during the four week period ending 27 April 1951.

*Non-Effective Rate --
$$\frac{\text{Total Days lost} \times 1,000}{\text{No. of Days} \times \text{Average Daily Strength}}$$

Non-effective rates indicate the average number of patients in hospital or quarters per thousand mean strength during the report period.

The total admission rate ** for disease and injury in April was 447.9, compared to 455.8 during March. Total admission for disease and injury in April was 951. Of this number, 855 admissions were for disease and 96 injuries. Fort Myer report the highest admission rate, and All Others report the lowest rate during the current month.

**Admission Rates --
$$\frac{1,000 \times 365 \times \text{Number of Cases}}{\text{Mean Strength} \times \text{No. of Days in Period}}$$

Admission rates show the number of cases per thousand strength that would occur during a year if cases occurred throughout the year at the same rate as in the report period.

April's rate for disease cases is 402.7 for 855 cases. Fort Myer reported the highest admission rate, and All Others reported the lowest rate for disease cases.

An injury admission rate of 45.2 per 1,000 per annum for April was reported. This was an increase over the March rate of 41.2. Fort Myer reported the highest rate and All Others reported the lowest rate for injuries.

There was one death reported during the four week period ending 27 April 1951, by units within the Military District of Washington less Walter Reed Army Hospital.

COMMUNICABLE DISEASE

Common respiratory diseases increased in incidence during the month of April 1951. The rate for the present month is 153.0 compared to the March rate of 128.8. Fort Myer reported the highest rate, and Fort McNair reported the lowest rate. Admission rates for pneumonia (all types) decreased during the April report period. The rate being 13.6 compared with the March rate of 19.1. There were no cases of scarlet fever reported throughout the month of April.

No appreciable change was noted in the rate for mumps, tuberculosis, rheumatic fever, diarrheal disease and hepatitis during the four week period ending 27 April 1951.

Pertinent statistical tables may be found on pages 17 and 21.

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RESTRICTED**PREVENTIVE MEDICINE****GENERAL DATA**

4-Week Period Ending 27 April 1951

(Data from WD AGO Form 8-122)

STATION	MEAN STRENGTH			DIRECT ADMISSIONS						Non-Effective Rate	Number of Deaths
	Total	White	Negro	All Causes		Disease		Injuries			
				Cases	Rates	Cases	Rates	Cases	Rates		
Fort Belvoir, Va.	16375	14820	2055	607	468.87	537	414.80	70	54.07	16.78	1
Fort McNair, Wash, D.C.	817	753	64	22	351.00	22	351.00	0	-	12.11	0
Fort Myer, Va.	3411	3254	157	202	771.94	184	703.15	18	68.79	14.06	0
U.S. Army Disp, Pentagon	3931	3897	34	82	271.91	75	248.70	7	23.21	17.00	0
All Others	2638	2635	3	38	187.77	37	182.83	1	4.94	6.78	0
Total-Military District of Washington	27672	25359	2313	951	447.97	855	402.75	96	45.22	15.39	1
AMC - Med Det (Duty Pers)	1562	1458	104	64	534.0	62	517.4	2	16.6	17.50	0

ADMISSIONS, SPECIFIED DISEASES - RATE PER 1000 PER YEAR

4-Week Period Ending 27 April 1951

(Data from WD AGO Forms 8-122)

STATION	Common Respiratory Disease	Pneumonia All Types	Pneumonia Atypical	Measles	Mumps	Scarlet Fever	Tuberculosis	Rheumatic Fever	Diar-rheal Disease	Hepatitis	Malaria	Influenza	Psychiatric Disease
Fort Belvoir, Virginia	152.94	18.54	16.99	56.39	6.95	-	6.18	2.32	.77	.77	1.54	-	3.86
Fort McNair, Wash., DC	63.82	-	-	-	-	-	-	-	15.95	-	-	-	-
Fort Myer, Virginia	236.93	19.11	15.29	118.47	-	-	-	-	3.82	-	-	-	-
U.S. Army Dispensary, The Pentagon	116.06	-	-	14.26	-	-	-	-	-	-	-	-	-
All Others	123.53	-	-	9.88	-	-	-	-	-	-	-	-	-
Total-Military District of Washington	153.09	13.66	12.25	51.82	4.24	-	3.77	1.41	1.41	.47	.94	-	2.36
AMC-Medical Detachment (Duty Personnel)	75.10	-	-	16.60	8.30	-	8.30	-	-	25.00	-	-	-

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DUTIES OF OFFICER'S AND NCO'S

AR 220-70, dated 12 April 1951 defines a company and lists the duties of a Commanding Officer, non-commissioned officer and squad leaders. This regulation should be carefully reviewed by all company commanders to insure that their responsibilities are being properly carried out. A section on correspondence of enlisted men seems timely and is reproduced below:

"7. ENLISTED MEN -- CORRESPONDENCE.--Upon joining his organization and repeatedly thereafter, each enlisted man will be advised to correspond with his next of kin, guardians, beneficiaries, and all correspondents, and to notify them to--

a. Carefully make and retain a memorandum of his service number, his grade, and the designation of the company and regiment or other organization to which he belongs, to include his full name, mailing address, etc.; that in all communications to the military authorities or to the United States Veterans Administration regarding him or to him, they include his full name, grade, service number, and organization, and that on the envelope or wrapper of such mail matter they include the name and address of the sender thereof.

b. Address communications of inquiry to the commanding officer of the company by title and not by name."

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PREVENTIVE MEDICINE

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VENEREAL DISEASE

Venereal Disease rate among units within The Military District of Washington, decreased during the April report period.

The rate for April 1951, was 9.89, a decrease from the March rate of 13.86. A total of 21 cases were reported for the four week period ending 27 April 1951. Of this total 19 were reported by Fort Belvoir, 1 case for Fort Myer, and 1 case for Fort McNair.

During the report period, white personnel incurred 3 of the reported number of cases, with a rate of 1.54 and 18 were incurred by negro personnel with a resulting rate of 101.44 per 1000 troops per annum.

In order to enable non-professional personnel to more intelligently understand the rates of cases to personnel on duty at each designated station, we have undertaken to report the number of cases per 1000 men for this report period (April) in addition to the rate per 1000 per annum which is not always clearly understood and is often misinterpreted.

Pertinent statistical tables and charts may be found on pages 18, 19 and 20

NEW VENEREAL DISEASE CASES - EXCEPTS - FEBRUARY, MARCH AND APRIL 1951

STATION	Rate per 1000 per year	Rate per 1000 per year	Rate per 1000 per year	Cases per 1000 Troops
	FEBRUARY 1951	MARCH 1951	APRIL 1951	APRIL 1951
Fort Belvoir	27.76	21.05	14.68	1.125
Fort McNair	-	-	15.95	1.223
Fort Myer	10.05	5.62	3.82	.293
U.S. Army Dispensary, Pentagon	-	-	-	-
All Others	7.77	-	-	-
Total - Military District of Washington Units	18.87	13.86	9.89	.758
Army Medical Center - Medical and Holding Detachments	4.56	3.80	9.18	.703
Total - Dept/Army Units Mil Dist of Washington	17.47	12.96	9.83	.753
	*	*	*	

DEPENDENTS TRAVEL TO SHAPE

The following Department of the Army message, DA 41357, dated 23 January 1951, is quoted for information:

"Supreme Headquarters Atlantic Powers in Europe has recommended that personnel assigned to France for duty with SHAPE or with organization supporting SHAPE proceed there unaccompanied so as to allow time for making advance living arrangements for dependents. Quarters suitable for dependents are expensive and difficult to find. Individuals who apply for coordinated travel will be required to signify their understanding that they must negotiate for their own quarters and are prepared to finance an extended period of hotel residence with its attendant high rental and subsistence cost."

(The above is from Sec. IV, MDW Circular 6, dtd 26 January 1951)

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PREVENTIVE MEDICINE

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CHART 1

ADMISSION RATES BY MONTH, ALL CAUSES, COMMON RESPIRATORY DISEASE AND INJURY
MDW RATE PER 1000 TROOPS PER YEAR

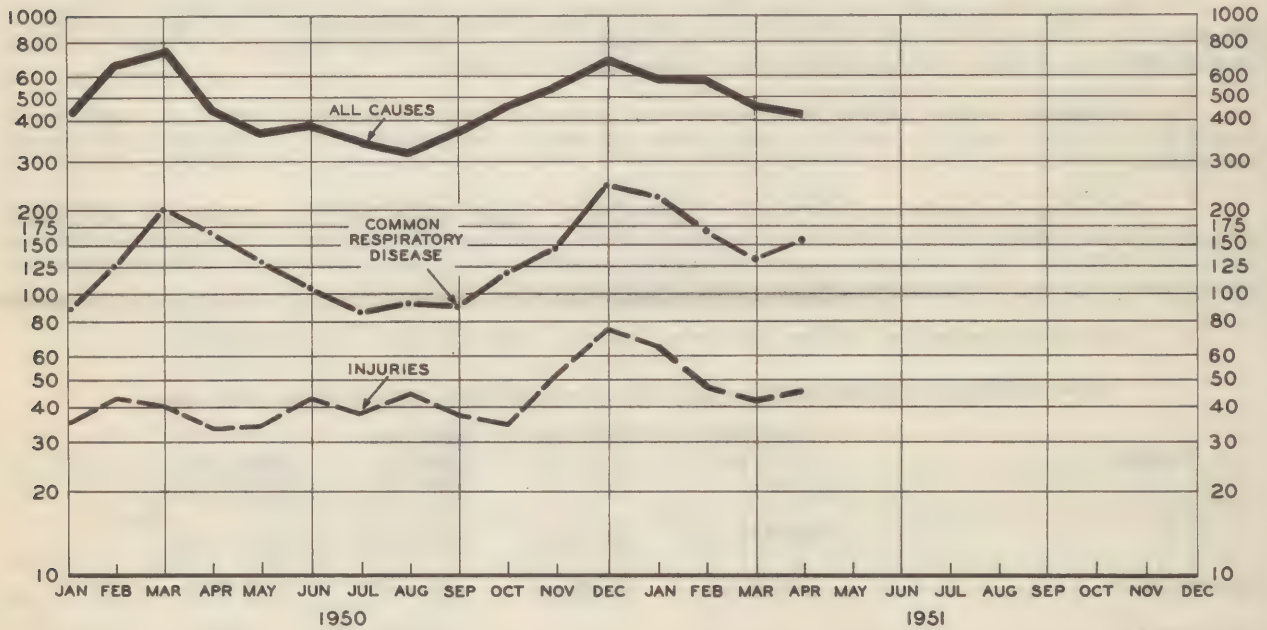
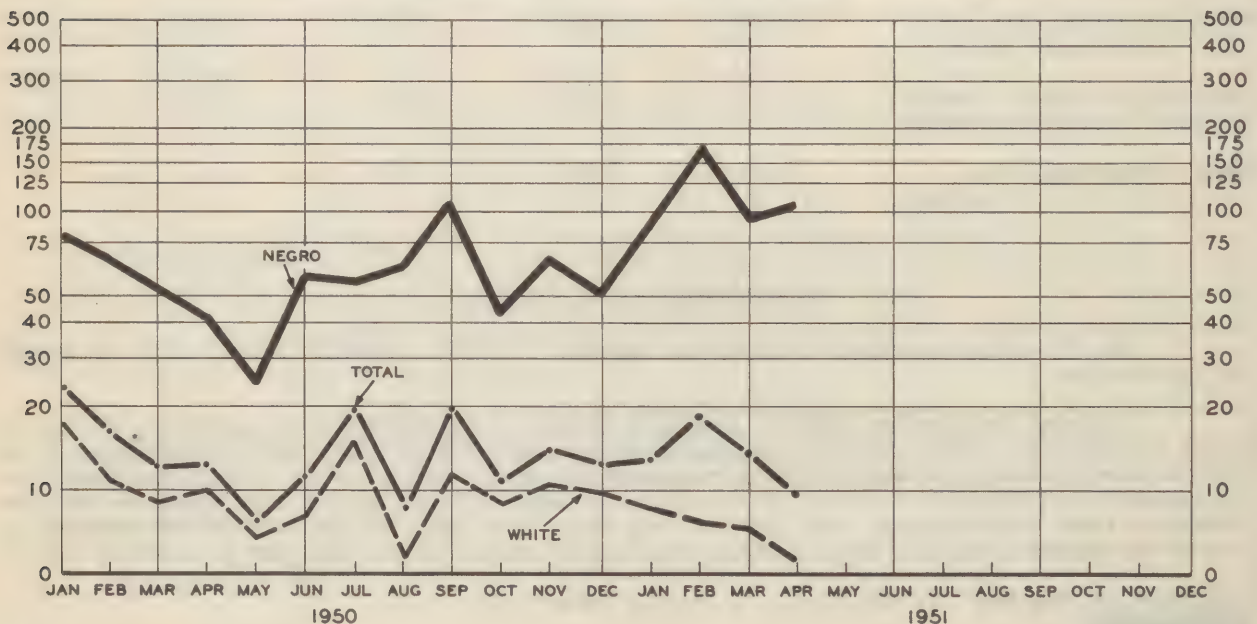


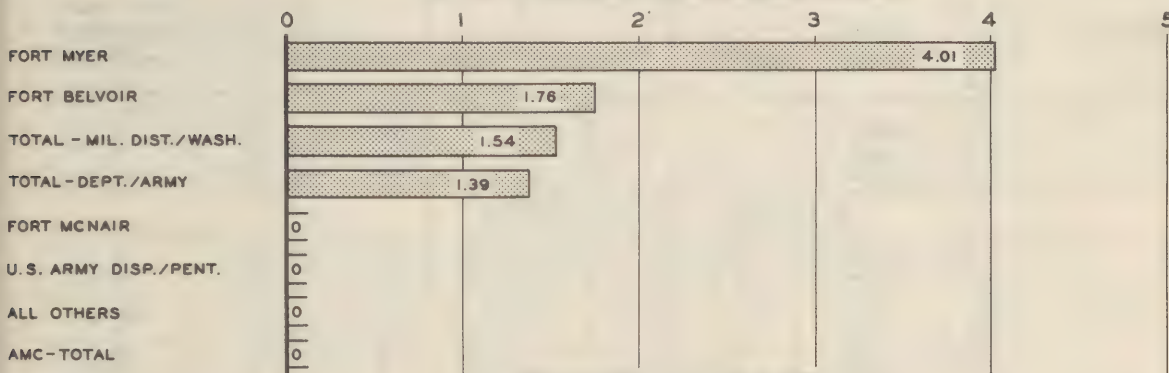
CHART 2

ADMISSION RATES BY MONTH VENEREAL DISEASES MDW NOT INCL. ARMY MEDICAL CENTER
RATES PER 1000 TROOPS PER YEAR
INCLUDES ALL CASES REPORTED ON WD AGO 8-122 EXCEPTING THOSE EPTS

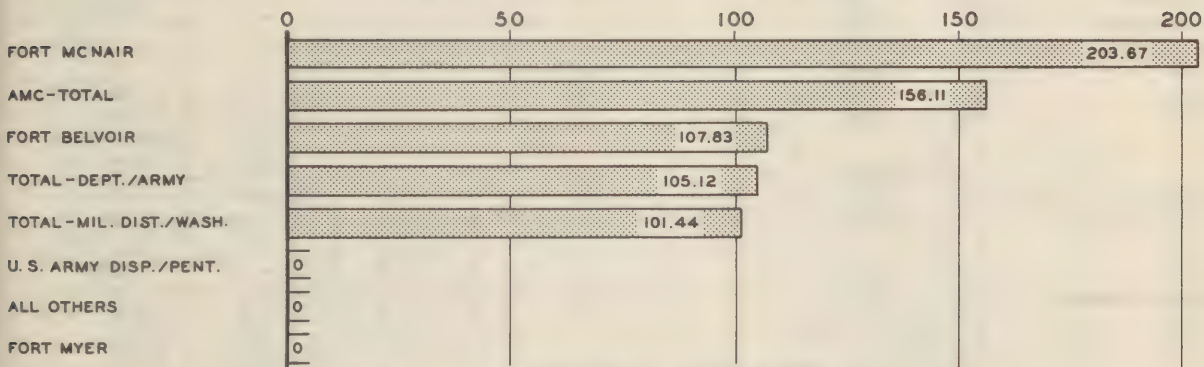


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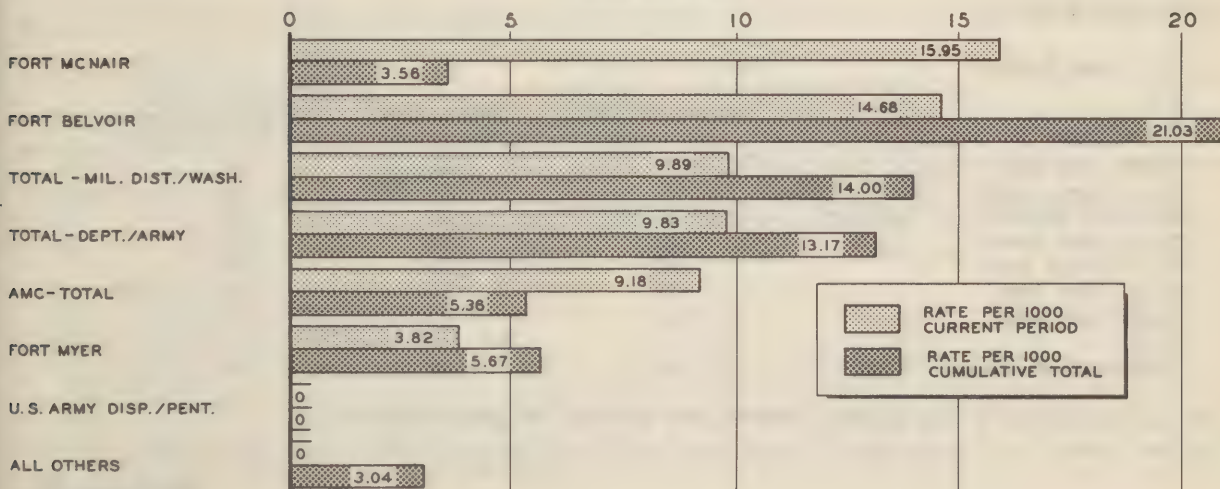
VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR 4 WEEK PERIOD ENDING 27 APR 1951 WHITE PERSONNEL (CHARGEABLE CASES)



VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR 4 WEEK PERIOD ENDING 27 APR 1951 NEGRO PERSONNEL (CHARGEABLE CASES)



VENEREAL DISEASE RATES PER 1000 PER YEAR FOUR WEEK & CUMULATIVE TOTALS ENDING 27 APRIL 1951 TOTAL WHITE & NEGRO PERSONNEL (CHARGEABLE CASES)



RESTRICTED**PREVENTIVE MEDICINE**

CONSOLIDATED MONTHLY VENEREAL DISEASE STATISTICAL REPORT
For the Four Week Period Ending 27 April 1951
(Data from WD AGO 8-122)(Chargeable Cases)

STATION	R A C E	Mean Strength	Syphilis	Gonorrhea	Other	Total	Rates per 1000 Troops per Annum	Total Days Lost from Duty(Old & New Cases)
Fort Belvior	W	14820	0	2	0	2	1.76	0
	N	2055	0	17	0	17	107.83	0
	T	16875	0	19	0	19	14.68	0
Fort McNair	W	753	0	0	0	0	-	0
	N	64	0	1	0	1	203.67	0
	T	817	0	1	0	1	15.95	0
Fort Myer	W	3254	0	1	0	1	4.01	0
	N	157	0	0	0	0	-	0
	T	3411	0	1	0	1	3.82	0
US Army Dispensary The Pentagon	W	3897	0	0	0	0	-	0
	N	34	0	0	0	0	-	0
	T	3931	0	0	0	0	-	0
All Others	W	2635	0	0	0	0	-	0
	N	3	0	0	0	0	-	0
	T	2638	0	0	0	0	-	0
Total-Military District of Washington	W	25359	0	3	0	3	1.54	0
	N	2313	0	18	0	18	101.44	0
	T	27672	0	21	0	21	9.89	0
Army Medical Center	W	2674	0	0	0	0	-	0
	N	167	0	2	0	2	156.11	0
	T	2841	0	2	0	2	9.18	0
Total-Dept/Army Units	W	28033	0	3	0	3	1.39	0
	N	2480	0	20	0	20	105.12	0
	T	30513	0	23	0	23	9.83	0

VENEREAL DISEASE RATES US*

(All Army Troops)

	FEBRUARY 1951	MARCH 1951	APRIL 1951
First Army Area	11	10	11
Second Army Area	20	18	18
Military District of Washington	17	13	10
Third Army Area	22	21	20
Fourth Army Area	20	26	27
Fifth Army Area	11	10	15
Sixth Army Area	20	25	47
TOTAL United States	18	19	22

*Compiled in the Office of the Surgeon General and Includes US Army Hospitals

RESTRICTED

DENTAL SERVICE

DENTAL SERVICE - FOUR WEEK PERIOD ENDING 27 APRIL 1951

STATION	Military		Civilian		Sit- tings	Amal- gam	Oxy and Amal	Sili- cate	In- lays	Bridges	Bridge Repair	Crowns	Dentures			Ex- trac- tions	Calcu- lus Re- moved	X- Rays	Kram- ina- tions
	Men	Duty Days	Men	Duty Days									Full	Par- tial	Re- pair				
Fort Belvoir	27	716	1	21	6790	2572	1733	584	2	30	19	13	21	42	27	1688	348	1876	1627
Fort McNair	3	60	0	0	398	128	176	15	0	1	1	1	2	5	3	47	22	92	79
Fort Myer, Va.	5	150	1	21	1909	582	163	127	1	0	9	4	4	10	12	165	82	1326	328
US Army, Dis- pensary, Pent.	7	210	0	0	2240	544	180	159	3	1	16	6	10	30	21	134	245	906	579
All Others	3	75	0	0	628	184	83	40	0	1	0	2	1	8	4	170	43	136	69
Total - MDW	45	1211	2	42	11945	4010	2335	925	6	32	45	26	38	95	67	2204	742	4336	2682

VETERINARY SERVICE

POUNDS MEAT AND MEAT FOOD AND DAIRY PRODUCTS INSPECTED APRIL 1951
(Data obtained from WD AGO Form 8-134)

STATION	CLASS* 3	CLASS* 4	CLASS* 5	CLASS* 6	CLASS* 7	CLASS* 8	CLASS* 9	TOTAL
Fort Lesley J. McNair		55,011	129,245		190,213		72,034	446,503
Fort Belvoir, Virginia		840,914	286,618		1,204,236	130,210	241,036	2,703,014
Alexandria Field Buying Office		656,003	216,706	811,971			179,688	1,864,368
Fort Myer, Virginia		164,926	159,481	262	311,821	16,807	134,534	787,831
Cameron Station, Virginia		121,412	193,054	480	307,561	6,997	96,568	726,072
MDW Veterinary Detachment The Pentagon	428,855							428,855
Army Medical Center		186,996	176,419		354,300	13,017	89,052	819,784
TOTAL	428,855	2,025,262	1,161,523	812,713	2,368,131	504,649	812,912	8,114,045

REJECTIONS:

Not type class or grade								
Alexandria Field Buying Off.		240						240
Cameron Station, Virginia		181						181
MDW Veterinary Detachment	29,270							29,270
Insanitary or Unsound								
Alexandria Field Buying Off.		6,789						6,789
Fort McNair, Wash., D.C.					132			132
Cameron Station, Virginia		24						24
MDW Veterinary Detachment	1,518							1,518
TOTAL	30,788	7,234			132			38,154

*Class 3 - Prior to Purchase
*Class 4 - On delivery at Purchase
*Class 5 - Army Receipt except Purchase
*Class 6 - Prior to Shipment

*Class 7 - At Issue
*Class 8 - Purchase by Post Exchange, Clubs
Messes or Post Restaurants
*Class 9 - Storage

OUTPATIENT SERVICE

OUTPATIENT SERVICE

Consolidated statistical data on outpatient service, Military District of Washington, less Walter Reed Army Hospital, are indicated below for the four-week period ending 27 April 1951:

ARMY:	NON-ARMY
Number of Outpatients 6179	Number of Outpatients 7802
Number of Treatments 24909	Number of Treatments 24729
NUMBER OF COMPLETE PHYSICAL EXAMINATIONS CONDUCTED	1228
NUMBER OF VACCINATIONS AND IMMUNIZATIONS ADMINISTERED	7591

HOSPITAL MESS ADMINISTRATION

HOSPITAL MESS ADMINISTRATION

STATION	JANUARY 1951	FEBRUARY 1951	MARCH 1951	APRIL 1951
Fort Belvoir				
Income per Ration	\$1.18	\$1.22	\$1.254	\$1.2999
Expense per Ration	1.02	1.15	1.135	1.2716
Gain or Loss	+16	+07	+118	+0283

CORRECTION: Dental Service Report ending 23 February 1951 for Fort Belvoir Station, Amalgam reported as 28, should read 828. Total in same column (MDW) should be changed from 963 to 1763.

CIVILIAN EMPLOYEES HEALTH SERVICE PROGRAM

SOME FACTS: WHY BLOOD IS NEEDED, HOW IT IS USED

The Greater Washington area will need in the neighborhood of 10,000 pints of blood monthly in 1951. Of these, 4,000 pints are needed in the local civilian hospitals; 1,000 pints for local military and veterans; 2,000 for the armed forces; and an estimated 3,000 for Civil Defense.

Until recently, the needs were limited to meeting the requirements of local civilian hospitals (4,000)(pints monthly). This blood represents the basic protection for everyone who lives in the area in case of sickness or accident.

There are greatly increased needs for the armed forces. Some of these 2,000 pints presently go to Korea as whole blood; some go as plasma. Some is stockpiled in the form of plasma for the armed forces. The availability of plasma and whole blood in Korea shows a remarkable record in the moving of wounded; some 98% are now pulled through, thanks in a large measure to the lifesaving quality of blood.

The blood to be earmarked for Civil Defense will be stockpiled in the form of plasma. Almost all the types of injuries resulting from an atomic blast require large quantities of plasma (and later whole blood). Tens of thousands of lives will be saved if the supply is adequate, in the event of an atomic attack.

All the above needs reflect the fact that in a few short years, blood has become the No. 1 lifesaver of modern medicine, far more important than all the "miracle drugs". Yet, unlike other less precious medical aids, it cannot be turned out on a production line, It can only come from human veins.

The Red Cross is the collecting agency. It collects the blood, and sees that it is gotten to the hospitals that need it, or to the armed forces or Civil Defense.

The Red Cross has greatly expanded its blood collecting facilities since the first of the year. A much larger number of donors is needed. Many people who have never given blood in their lives must now give if the minimum needs for the local hospitals, the armed forces, and Civil Defense are to be met.

PENTAGON BLOOD DONOR CENTER

Weekly Accomplishments to Date (27 Weeks) 13 Oct. 1950 - 20 Apr. 1951

Week	OSD	Army	Navy	Air Force	Grand
	Maximum Budget	Maximum Budget	Maximum Budget	Maximum Budget	Total
	Allocation- 16	Allocation- 63	Allocation- 21	Allocation- 32	
	(Pints Rec'd.)	(Pints Rec'd.)	(Pints Rec'd.)	(Pints Rec'd.)	(Pints)
<u>1950</u>					
13 Oct.	14	26	18	21	79
20 Oct.	11	24	20	23	78
27 Oct.	13	11	16	26	66
3 Nov.	9	22	11	27	69
10 Nov.	15	37	11	34	97
17 Nov.	12	37	17	20	86
24 Nov.	3	32	6	20	61
1 Dec.	19	41	10	12	73
8 Dec.	9	63	13	23	108
15 Dec.	8	38	20	37	103
22 Dec.		(Not Scheduled)			
29 Dec.	4	35	15	9	63
<u>1951</u>					
5 Jan.	4	45	37	0	86
12 Jan.	6	45	10	21	82
19 Jan.	6	26	12	11	55
26 Jan.	11	52	13	23	99
2 Feb.	8	26	15	40	89
9 Feb.	2	38	9	6	55
16 Feb.	6	38	11	24	79
23 Feb.	3	32	3	9	47
2 Mar.	4	38	8	15	65
9 Mar.		(Breakdown Not Available)			
16 Mar.	10	46	15	15	86
23 Mar.	5	61	23	13	102
30 Mar.	7	43	20	9	79
6 Apr.	5	58	19	24	106
13 Apr.	4	40	23	5	72
20 Apr.	2	25	4	8	2098

BEWARE!



**POISON
IVY**

**POISON
OAK**



**POISON
SUMAC**

RESTRICTED

RESTRICTED